

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 091711052 FILING DATE

APPLICANT(S)

312408

CLAIMS

	AS FILED		AFTER		AFTER	
	IND.	DEP.	1st AMENDMENT	DEP.	IND.	DEP.
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TOTAL IND.						
TOTAL DEP.			33			
TOTAL CLAIMS		12				

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